Approved, SCAO OSM CODE: AGM

## STATE OF MICHIGAN PROBATE COURT COUNTY

## ANNUAL REPORT OF GUARDIAN ON CONDITION OF MINOR

	CIRCUIT COURT - FAMILY DIVISION	I			
In th	ne matter of			, minor	
1. l,	Name (type or print) eport is as follows:		, am the guardian of th	ne above named minor and my annual	
	Present age of the minor:	Min	or's date of birth:		
	-				
	.iving Arrangement  i. Current address and telephone	number of the minor:			
	<ul> <li>Current address and telephone</li> <li>The minor's residence is:</li> </ul>	mumber of the millor			
		tive's home:	□ other:		
		tive's home: Relationship			
С	the minor has been in the pres the changes and the reasons for			If moved within the past year, state	
d	I. I rate the minor's living arrange	ment as	☐ average. ☐ below	v average.	
е	e. I believe the minor is con	tent with the living situation	on. 🗌 unhar	ppy with the living situation.	
	f. I recommend a more suitabl	e living arrangement for t	the minor as follows:		
а	Physical Health  a. The minor's current physical co b. During the past year the minor' remained about the same. improved. Explain		☐ good. ☐ fair.	☐ poor.	
	worsened.				
С	Explain  During the past year the minor received the following medical treatment (include check-ups and optical and dental work):				
	Date Ailn	nent	Type of Treatment	Doctor's Name	
		(PLEASE SE	EE OTHER SIDE)		

Do not write below this line - For court use only

5.	5. Education						
	and is in grade						
	b. The minor attends alternative education at and is in grade						
	☐ c. The minor does not attend school because		·				
6.	6. Activities of Minor						
	a. The minor's social activities are:						
	b. The minor participates in the following sports:						
	c. During the past year the minor has been in counseling with						
	at						
	d. During the past year the minor received in-patient services at						
	. Duning the past year the minor received in-patient services at						
		·					
7.	Parenting time between the minor and parents was as follows:						
	a. Father						
	Father's current address:						
	b. Mother						
	Mother's current address:						
	c. Comments about parenting time:						
0	O. Dononto compliad with the		as fallance				
ŏ.	8. Parents complied with the court structured plan	limited guardianship placement plan	as follows:				
	Changes should be made to the plan as follows:						
	Changes should be made to the plan as follows:						
9.	9. I believe the minor has the following unmet needs:						
	10.I am am not willing to continue to serve as g						
•	11.1	is a estate. If yes, my accounting is attached.					
		Date					
Signature of guardian							
Address							
			Tolomboro				
		City, state, zip	Telephone no.				